

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006244

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0460

2 0460

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9 570-21

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED MAR 11 1963</b> <b>1. PLACE OF DEATH</b> a. COUNTY <u>Howell</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
Length of stay in lb <u>years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 2</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mary</u> Middle <u>Anna</u> Last <u>Stover</u>		<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>25</u> Year <u>1963</u>	
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-20-1882</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>housewife</u>	
<b>11a. BIRTHPLACE</b> (City and state or country) <u>Hutton Valley, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George Rowe</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mahalia Hood</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Alvin Stover (dec.)</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) ( )	
<b>16. SOCIAL SECURITY NO.</b> ( )		<b>17. INFORMANT</b> Address <u>Mrs. Boyd Bennett, West Plains, Mo.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Massive gastrointestinal hemorrhage</u>		<u>10 hrs</u>	
DUE TO (c) <u>Mesenteric thrombosis</u>		<u>12 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Seriously Invalidd in the left hip</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Massive Shock</u>	
<b>20c. TIME OF INJURY</b> Hour <u>5:00</u> a.m. p.m. Month, Day, Year <u>2/25/63</u>	<b>21. I attended the deceased from</b> <u>1959</u> to <u>2/25/63</u> and last saw her alive on <u>2/24/63</u> Death occurred at <u>5:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
<b>22a. SIGNATURE</b> (Degree or title) <u>M. L. Jowles M.D.</u>		<b>22b. ADDRESS</b> <u>West Plains, Mo.</u>	
<b>22c. DATE SIGNED</b> <u>3/1/63</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>	
<b>23b. DATE</b> <u>2-27-63</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Barnett Cemetery</u>	<b>23d. LOCATION (City, town, or county)</b> <u>West Plains, Mo.</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Robertsons, West Plains, Mo.</u>		<b>25. DATE REC'D. BY LOCAL REG.</b> <u>3-4-63</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Beatrice Cook</u>

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*D. L. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.